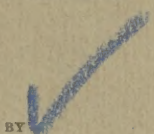
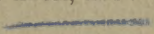


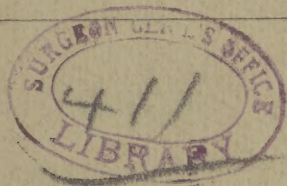
Asch (M. J.)

A New Operation for Deviation
of the Nasal Septum, with
a Report of Cases.

BY 

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A NEW OPERATION FOR
DEVIATION OF THE NASAL SEPTUM,

*WITH A REPORT OF CASES.**

BY MORRIS J. ASCH, M. D.

THE distress occasioned by a permanently occluded nostril in the shape of mouth-breathing and the various complications that accompany this condition is brought so often to the notice of the nasal surgeon that any operation that will easily remedy the difficulty is worthy of notice. The pathology and symptoms of a deviated septum have been so often described that I will not occupy your time with them, but content myself with calling attention to the operative procedure by which I remedy the defect. It is particularly adapted to those cases in which there is a deflection with increased length of the septum, and where there is adhesion to the inferior turbinated body; its great advantage being in its simplicity and in its easy and rapid performance—that it involves no loss of substance and entails but little annoyance to the patient after the operation. I have found the operation to be perfectly satisfactory, permanently relieving the obstruction in all cases; only those in which there existed deflection of the bony septum discovered after the correction of the cartilaginous deformity required any further treatment. In one case only was there any hæmorrhage of a severe character, which was easily checked; and in one case—not among those here reported—there remained for two or three years a small perforation which has since healed.

* Read before the American Laryngological Association at its twelfth annual congress.

In all of these cases the deviation of the septum was toward the left, a fact in accord with the observation of most writers.

The instruments I employ in this operation are—

1. A pair of strong cartilage scissors, one blade thick and blunt for introduction into the obstructed nostril; the other, the cutting blade, of a curved wedge-shape, the shanks curved outward so as to admit of closing without interfering with the columna. The handles are of steel and curved, like those of a dental forceps (Fig. 1).

2. A curved gouge for breaking up any adhesions that may exist between the septum and turbinated body (Fig. 2).

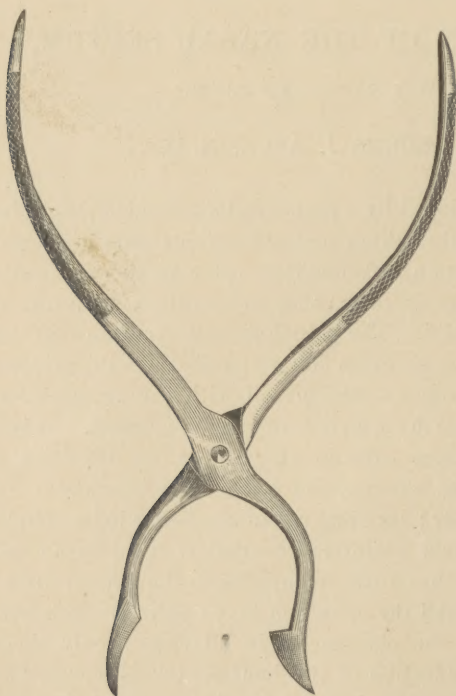


FIG. 1.

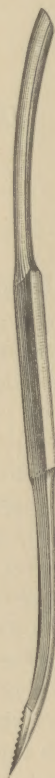


FIG. 2.

3. An Adams forceps, or one with stout parallel blades.

4. A triangular splint of tin, cut to adapt itself to the cartilage of the section. Formerly I used a splint of a more elaborate character, such as I show you here (Fig. 3); but it had the objection of being always in sight and I gave up its use, although in other re-

spects it proved perfectly satisfactory. If the patient has a good deal of nerve, the operation may be performed with the aid of cocaine; but, as a rule, it is best to use ether. Before the operation the nostrils are to be well washed out with a disinfecting solution, such as listerine or, what I have been accustomed to use, Dobell's solution with the addition of thymol and eucalyptol. The patient then having been etherized, the adhesions between the septum and turbinated body, when such exist, are broken up by the use of the curved gouge. The blunt blade of the scissors is inserted into the obstructed nostril, and the cutting blade into the other; a crucial incision is then made as near as possible at right angles at the point of greatest convexity. The forefinger is then inserted

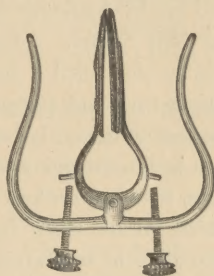


FIG. 3.

into the obstructed nostril; the segments made by the incision are pushed into the opposite one, and the pressure continued until they are broken at their base and the resiliency of the septum destroyed. On this point depends the success of the operation, for, unless the fracture of these segments is assured, the resiliency of the cartilage will not be overcome and the operation will fail. The septum is then to be straightened with the Adams or other strong forceps, and the hæmorrhage checked before proceeding further, which is usually accomplished by a spray of ice-water, though sometimes tamponing may be required. The nostril having been cleaned, the straightened septum is then held in position by the tin splint previously wrapped with absorbent cotton moistened in a solution of bichloride of mercury of 1 to 5,000, and the nostril packed with gauze or absorbent cotton moistened with the same. The tamponing must be thoroughly done or hæmorrhage will certainly recur. I usually introduce a pledget of gauze or cotton, to which a ligature is attached, as far into the nostril as is possible, leaving the string hanging out, and pack the moistened pledgets firmly upon this. The splint and tampon is allowed to remain undisturbed for four days, when they are removed and the parts cleansed with a disinfecting solution; the splint and tampon are then reapplied, the parts being straightened, if necessary, with the forceps. This is repeated two or three times a week for three weeks, by which time the parts have become permanently fixed in their improved position; but it may require at least two weeks more before the parts are healed and the patient breathes

through an unobstructed nostril. It sometimes happens that posteriorly to the cartilaginous deviation a bony one exists. This can then be easily remedied by the electro-trephine or saw. The cases which I report here were all, with one exception, operated on at the New York Eye and Ear Infirmary, and the after-treatment was carried out by Assistant Surgeon Dr. Emil Mayer, to whom I am indebted for their report. I have delayed presenting the report of this operation to you until I had assured myself that its results would prove satisfactory and permanent; but now that the operation has stood the test of time, I feel that I am justified in doing so. The operation is simple and easy, requires but a few minutes for its performance, involves no loss of substance, and the operator is not embarrassed in his work by the bleeding—a practical point which I am sure all who are familiar with nasal surgery will appreciate. Of the cases reported, the incisions in the first two were made by the bistoury instead of the cartilage scissors, but the principle of the crucial incisions with fracture and tampon was the same.

CASE I.—A. W., female, aged eleven, patient of Dr. Mayer's, was brought to New York for treatment for nasal stenosis, said to be due to a fall in infancy. The cartilaginous septum is deviated to the left near the orifice of the nostril, which is completely obstructed, no air passing. She is a mouth-breather, and the voice has a nasal twang. Operation performed under ether on September 19, 1883. The crucial incisions were made with a knife through the cartilage, the fragments fractured, and the nostrils plugged with antiseptic cotton, which was removed on the third day. There had been no bleeding and no rise of temperature. After washing out the nostril, the left side was repacked, the parts being kept straight with the Adams forceps. On September 30th plugs removed; patient breathes freely through both nostrils. The straightening forceps are introduced tri-weekly, and on October 24th patient is discharged cured.

CASE II.—Louise H., aged seventeen. Patient of Throat Clinic, New York Eye and Ear Infirmary. The left nostril is completely obstructed by a deviated cartilaginous septum, which is firmly adherent to the inferior turbinated body of the same side. Operation performed at infirmary, September 28, 1884, under ether. The adhesions were broken up, and the crucial incisions and fracture accomplished. The septum straightened, and held in position by a specially devised splint (Fig. 3). This consisted of an external, lyre-shaped frame, to the center of which, on a hinged joint, two plaques of hard rubber, of a shape similar to the triangular cartilage, were attached. The plaques, being adjusted to their place in either nostril, were fastened in their position by the screw passing through the outer frame, and the nostrils afterward tamponed.

There was no constitutional disturbance. In three weeks after tri-weekly applications of the straightening forceps the patient was discharged cured.

CASE III.—Philip L., aged thirteen, came to the clinic of the New York Eye and Ear Infirmary with nasal obstruction; is a mouth-breather. Hearing defective in left ear; is dull and apathetic; the cartilaginous septum is deviated to the left and is firmly adherent to the inferior turbinated body, the greatest convexity being an inch and a quarter from the nasal orifice.

The operation was performed under ether at the infirmary, December 1, 1888. The adhesions having been broken up by the gouge, the cartilage was incised with the cartilage scissors, the segments fractured, and splint and tampon applied. After the cartilage was straightened, a long, bony obstruction was found to exist behind it, which was afterward removed by means of the electro-trephine. This was finally accomplished in six weeks, and on February 15th the patient was discharged cured, breathing freely with closed mouth, and hearing greatly improved. A recent report from this case shows the improvement to be permanent.

CASE IV.—Fannie M., aged sixteen, came to the clinic of the New York Eye and Ear Infirmary complaining of nasal obstruction and deformity, the result of violence when three years old. Examination shows the left nostril to be entirely occluded by a deviated septum, the tip of the nose being bent to the right. She is more anxious to be relieved of the deformity than of the obstruction. The operation was undertaken with the view of curing both. Operation at infirmary, December 22, 1888, under ether. Crucial incisions, fracture, splint, and tampons. After straightening the septum, a strip of rubber plaster was applied to the tip of the nose, and traction made by fastening the end to the left cheek. The traction was faithfully kept up for some weeks after the patency of the nostril was re-established, and when seen on May 4, 1890, by Dr. Mayer, the deformity had entirely disappeared.

CASE V.—Julius R., aged sixteen; clinic of the Manhattan Eye and Ear Infirmary. Operation, under ether, May 22, 1889. Operation and after-treatment as in the other cases. Discharged cured on June 15, 1889.

CASE VI.—B. R., male, aged seventeen, referred to Throat Clinic of New York Eye and Ear Infirmary by Dr. Rupp, surgeon in the Ear Department. The patient is entirely deaf in left ear. Left nostril completely occluded. Operation, under ether, February 8, 1890. Same procedure as in previous cases, the resulting hæmorrhage, however, being more than ordinary. During the night succeeding the operation his breathing was alarmingly interfered with during sleep. On being awakened by the nurse, he was found to be bleeding from the mouth, and large coagula were expelled from the pharynx. The tampons were removed, the nose cleansed, and the bleeding checked by ice, after which

the splint and tampon were replaced. On the 7th hæmorrhage recurred during the night, but was checked by ice. On the 15th he went to his home, when bleeding again occurred, which was controlled by my assistant, who was sent for. After this there was no further trouble, and the regular after-treatment was carried out. On March 20, 1890, Dr. Rupp reports marked improvement in the hearing, and on April 30th the patient reports that he breathes freely through the formerly obstructed nostril.



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